

Health Advisory:

Influenza Antiviral Medications

October 19, 2004

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Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

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Health Advisory
October 19, 2004

FROM: RICHARD C. DUNN
DIRECTOR

**SUBJECT: Influenza Antiviral Medications: 2004-05 Interim
Chemoprophylaxis and Treatment Guidelines**

Influenza antiviral medications are an important adjunct to influenza vaccine in the prevention and treatment of influenza. In the setting of the current vaccine shortage, CDC has developed interim recommendations on the use of antiviral medications for the 2004-05 influenza season. These interim recommendations are provided, in conjunction with previously issued recommendations on use of vaccine, to reduce the impact of influenza on persons at high risk for developing severe complications secondary to infection. The recommendations are not intended to guide the use of these medications in other situations, such as outbreaks of avian influenza. These interim recommendations may be updated as more information on the supply of influenza vaccine and antiviral medications becomes available.

Background:

Influenza antiviral medications have long been used to limit the spread and impact of institutional influenza outbreaks. They also are used for treatment and chemoprophylaxis of persons in other settings. In the United States, four antiviral medications (amantadine, rimantadine, oseltamivir, and zanamivir) are approved for treatment of influenza, though limited supplies of zanamivir are currently available. When used for treatment within the first two days of illness, all four antiviral medications are similarly effective in reducing the duration of illness by one or two days. Only three antiviral medications (amantadine, rimantadine, and oseltamivir) are approved for chemoprophylaxis of influenza. More detailed information about each medication, including dosage and approved persons for use, may be found at <http://www.cdc.gov/flu/professionals/treatment>.

2004-05 Antiviral Medications Usage Guidelines:

CDC is issuing interim recommendations for the use of antiviral medications during the 2004-05 season. Local availability of these medications may vary from community to community, which could impact how these medications should be used.

1) CDC encourages the use of amantadine or rimantadine for chemoprophylaxis and use of oseltamivir or zanamivir for treatment as supplies allow, in part minimizing the development of adamantane resistance among circulating influenza viruses.

Office of the Director
912 Wildwood
P.O. Box 570
Jefferson City, MO 65102
Telephone: (800) 392-0272
Fax: (573) 751-6041

Web site: <http://www.dhss.mo.gov>

2) People who are at high risk of serious complications from influenza may benefit most from antiviral medications. Therefore, in general, people who fall into these high-risk groups should be given priority for use of influenza antiviral medications:

Treatment

- Any person experiencing a potentially life-threatening influenza-related illness should be treated with antiviral medications.
- Any person at high risk for serious complications of influenza and who is within the first 2 days of illness onset should be treated with antiviral medications. (Pregnant women should consult their primary provider regarding use of influenza antiviral medications.)
- Rimantadine is not approved for treatment of children aged < 13 years. For treatment, these persons should receive amantadine (children aged 1-12), oseltamivir (children aged 1-12), or zanamivir (children aged 7-12).

Chemoprophylaxis

- All persons who live or work in institutions caring for people at high risk of serious complications of influenza infection should be given antiviral medications in the event of an institutional outbreak. This includes nursing homes, hospitals, and other facilities caring for persons with immunosuppressive conditions, such as HIV/AIDS. When vaccine is available, vaccinated staffs require chemoprophylaxis only for the 2-week period following vaccination. Vaccinated and unvaccinated residents should receive chemoprophylaxis for the duration of institutional outbreak activity. Rapid tests or other influenza tests should be used to confirm influenza as the cause of outbreaks as soon as possible. However, treatment and chemoprophylaxis should be initiated if influenza is strongly suspected and test results are not yet available. Other outbreak control efforts such as cohorting of infected persons, and the practice of respiratory hygiene and other measures also should be implemented. For further information on detection and control of influenza outbreaks in acute care facilities, see http://www.cdc.gov/ncidod/hip/INFECT/flu_acute.htm,
- All persons at high risk of serious influenza complications should be given antiviral medications if they are likely to be exposed to others infected with influenza. For example, when a high-risk person is part of a family or household in which someone else has been diagnosed with influenza, the exposed high-risk person should be given chemoprophylaxis for 7 days.

3) Antiviral medications can be considered in other situations when the available supply of such medications is locally adequate.

- Chemoprophylaxis of persons in communities where influenza viruses are circulating, which typically lasts for 6-8 weeks:
- Persons at high risk of serious complications who are not able to get vaccinated.
- Persons at high risk of serious complications who have been vaccinated but have not had time to mount an immune response to the vaccine. In adults, chemoprophylaxis should occur for a period of 2 weeks after vaccination. In children aged <9 years, chemoprophylaxis should occur for 6 weeks after the first dose, or 2 weeks after the second dose, depending on whether the child is scheduled to receive one or two doses of vaccine.

- Persons with immunosuppressive conditions who are not expected to mount an adequate antibody response to influenza vaccine.
- Health-care workers with direct patient care responsibilities who are not able to obtain vaccine.
- Treatment of infected adults and children aged >1 year who do not have conditions placing them at high risk for serious complications secondary to influenza infection.

4) Where the supplies of both influenza vaccine and influenza antiviral medications may not be sufficient to meet demand, CDC does not recommend the use of influenza antiviral medications for chemoprophylaxis of non-high risk persons in the community.

Private Sector Sources of Influenza Antiviral Medications:

Pharmaceutical distributors should be contacted directly for availability and procurement of antiviral medications.

Strategic National Stockpile:

The United States has a limited supply of influenza antiviral medications stored in the Strategic National Stockpile for emergency situations. Efforts are underway by Health and Human Services to procure additional supplies of antiviral medications. Some of the supply will be held in reserve in the event of an influenza pandemic. However, some of the supply will be made available to States and Territories for use in outbreak settings, as might occur in a hospital or long term care facility.

Requesting Influenza Antiviral Medications from the SNS

Influenza antiviral medications in the SNS can be requested only by State or Territory Health Departments. Institutions (hospitals or long-term care facilities) experiencing an urgent need for such medications should convey their request to the State or Territory Health Department.

Specific questions about these guidelines should be directed to the Missouri Department of Health and Senior Service's Section for Communicable Disease Prevention at 573/751-6475.

For additional information, visit www.cdc.gov/flu or call the National Immunization Hotline at (800) 232-2522 (English), (800) 232-0233 (Español), or (800) 243-7889 (TTY).